

DR. H. F. FLECK JUL 25 1957 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

196

Primary Registration District No.

5-5-68

Registrar's No.

293

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Blue Twp.

Inside Limits
Yes ☐ No ☐c. CITY
OR
TOWN

Kansas City

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

8805 Lexington

Length of stay in 1b
25 yrs.d. STREET
ADDRESS

8805 Lexington

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

CHARLOTTE

Middle

ADELAIDE

Last

MOSLEY

4. DATE
OF
DEATH

Month

July

Day

14,

Year

1957

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐WIDOWED ☒DIVORCED ☐

8. DATE OF BIRTH

Sept. 7, 1888

9. AGE (In years
last birthday)

68

10. FUNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Huntsville, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Benjamin Franklin Ross

13b. MOTHER'S MAIDEN NAME

Artemisa (Unknown)

14. NAME OF HUSBAND OR WIFE

John Adams Mosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

500-03-7254

17. INFORMANT

Address

Earl Mosley, 8805 Lexington, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Pneumonia, Bronchial

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arterial hypertension - coronary

6 months

DUE TO (c)

sclerosis -

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

generalized atherosclerosis

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1957 to July 12 and last saw her alive on July 12, 1957.
Death occurred at 7:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

10229 Indep. Ave. KC Mo 7/15/57

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-16-57

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

George C. Carson, Independence, Mo.

25. DATE RECD. BY LOCAL REG.

7-16-57

26. REGISTRAR'S SIGNATURE

James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.